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August 14, 2009

UPS: 1Z 593 122 23 1000 3004

Document Processing Desk – 6(a)(2)
Office of Pesticide Programs
Document Processing Room S-4900
One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202

RE: Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident

Gentlemen / Ladies

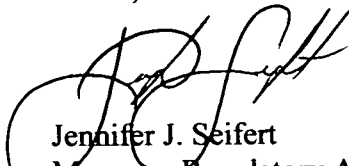
In accordance with FIFRA 6(a)(2) and 40 CFR Part 159.184, we are hereby submitting a Voluntary 6(a)(2) Incident Report for an adverse incident reported to us on August 14, 2009.

Enclosed please find the following items:

1. Voluntary Industry Reporting Form 6(a)(2) Adverse Effects Incident Information (Internal ID: 1-19250518),
2. Voluntary Industry Reporting Form 6(a)(2) Adverse Effects Incident Information (Internal ID: 1-19355340).

If you should have any questions regarding this matter, please do not hesitate to contact me.

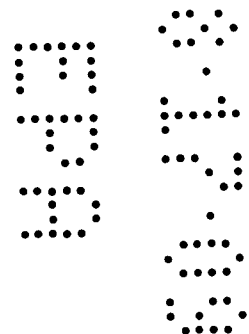
Sincerely,
Hacco, Inc.



Jennifer J. Seifert
Manager, Regulatory Affairs

Enclosures

JJS/tla



Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

-0002

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1	Reporter name: [REDACTED]	Submission date:	Contact person (if different than reporter)	Internal ID 1-19355340
Administrative Data	Address: [REDACTED] Chicago Illinois 60629		Address:	
	Phone #: [REDACTED]		Phone #:	
	Incident Status: New	Location and date of incident Chicago Illinois 07/30/2009	Date registrant became aware of incident: 7/31/2009	Was incident part of larger study?
Row 2	EPA Registration # (Product 1) 61282-23	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s) Diphacinone	A.I. (s)	A.I. (s)	
	Product 1 Name Ramik Green Mini Bait Pack	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? NA	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3	Evidence label directions were not followed? No Intentional misuse? No	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)) Own Residence	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating) See Description Notes	
Applicator certified PCO? Not applicable				
How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) See Incident Description				

Personal privacy information

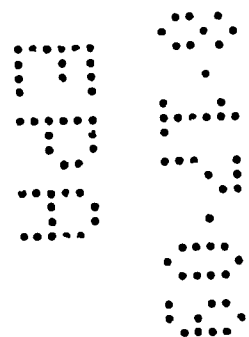
*7/31/2009 12:02:19 AM ramik green
EPA 61282-23*

Product placed in home Thurs (07/30/2009). Unknown if or when child may have had contact with bait. Child now with hives on stomach and face. (BSA~12%). Caller asking if child having an allergic reaction.

A: AI in product is anticoagulant- Recommend to remove from home, to prevent toddler accidentally ingestion bait.

- This is not an expected effect of routine product use.*
- The patient may or may not have an unrecognized sensitivity to one of the active or associated ingredients in a given product.*
- There are several possible causes of a rash including sensitivity to a household or commercial product, food product, naturally occurring environmental agent, or medication. Rashes may also form as a result of illness or exposure to heat. Recommend consulting a physician to help determine the cause of the rash.*
- Discontinue use of the product if you suspect it is contributing to the described symptoms.*
- You may consider relieving the symptoms with topical hydrocortisone cream. Please read and follow all label directions.*
- If symptoms spread to other parts of the body or worsen in intensity, seek medical attention. If symptoms do not resolve within 72 hours, consult a health care professional.*
- Please call back with any additional questions or concerns.*

8/3/2009 6:01:42 PM Callback attempt. A female states there is no one by that name at this #.



Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: 2 Years Sex: Female Occupation: (if relevant)	Exposure route: Unknown	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Not applicable
If female, pregnant? Did not query	Was exposure occupational? No If yes, days lost due to illness:	Time between exposure and onset of symptoms: See Symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). On-site	List signs/symptoms/adverse effects. Hives/Welts, Unable to determine;		If lab tests were performed, list test names and results (If available, submit reports). Not Reported
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: HC			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

